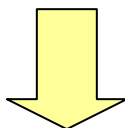
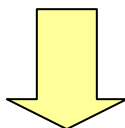
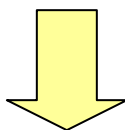
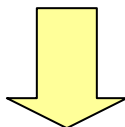


Family Law

**NOTICE OF MOTION****5 STEPS:****STEP 1. PICK UP THE NOTICE OF MOTION PACKET.****STEP 2. COMPLETE THE PAPERWORK.****STEP 3. SUBMIT FORMS FOR FILING WITH THE FILING FEES.****STEP 4. SERVE THE DOCUMENTS.****STEP 5. APPEARING IN COURT.**

## NOTICE OF MOTION (CONTINUED)

### STEP 1. PICK UP THE PAPERWORK

- ☐ **Pick up your Motion Forms Packet.**
- ☐ If necessary bring the packet back to have someone review your completed paperwork.
- ☐ Go to Step 2, *Complete the Paperwork*.

## NOTICE OF MOTION (CONTINUED)

### STEP 2. COMPLETE THE PAPERWORK.

#### FORMS THAT MUST BE COMPLETED

☐ Form FL-301, **Notice of Motion** (2 pages)

☐ Form FL-310, **Application for Order and Supporting Declaration** (2 pages),

plus: ☐ Form MC-031, **Attached Declaration** (if additional space is needed)

*(If you are requesting child support or spousal support, complete one of the two following forms:)*

☐ Form FL-155, **Financial Statement (Simplified)** (2 pages)

You may only use this form if you qualify – rules are on the second page of the form,  
otherwise use:

☐ Form FL-150, **Income and Expense Declaration** (4 pages)

(These forms are required if you or the other party are requesting spousal support, attorney's fees or  
are self employed. You will also need to provide three recent pay stubs and last year's W2 if  
available.)

*(If there are minor children, fill out form FL-105 and the **Mediation Referral Form** )*

☐ Form FL-105, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act  
(UCCJEA)** (2 pages) *If minor children (those under age 18) are involved*

☐ **Mediation Referral form** (see attached) *If minor children (those under age 18) are involved:*

☐ Form FL-155, **Financial Statement (Simplified)** (2 pages) Leave blank; this is for the other party to  
respond to your motion.

☐ Form FL-320, **Responsive Declaration to Order to Show Cause or Notice of Motion** (2 pages)  
Leave blank; this is for the other party to respond to your motion.

☐ Form FL-330, **Proof of Personal Service** (2 pages) or... ☐ Form FL-335, **Proof of Service by  
Mail** (2 pages)

The forms can be typed or completed in **black ink**,  
neatly and clearly.

## NOTICE OF MOTION (CONTINUED)

### STEP 3. SUBMIT FORMS AND FILING FEES.

#### SUBMIT FORMS & FILING FEES TO THE CLERK:

- ☐ **Submit Forms with Filing Fees** unless you qualify for a “fee waiver” (*See Fee Waiver packet*):
- ☐ The Clerk will **give you a court date**.
- ☐ The Clerk will process your paperwork, will keep the original, and will **give two (or more) copies to you**.

#### DO THIS WITH THE COPIES:

- ☐ **Keep one copy** for your records.
- ☐ Have **the other copies served** on the other parties to your case. (*See Step 4 on the next page.*)

### STEP 4. SERVE THE DOCUMENTS.

#### SERVE NOTICE OF MOTION PAPERS TO ALL PARTIES IN YOUR CASE:

You must give Notice of Motion and a copy of all Motion paperwork **to all parties in the case**, including the District Attorney if Family Support is a party to your case.

- ☐ *Personal Service*. If the Motion paperwork is served in person to the other parties, it **must be served at least 21 days before the hearing on the Motion. OR ...**

## Family Law

# NOTICE OF MOTION (CONTINUED)

- ☐ Service by Mail. If the Motion paperwork is mailed to the other parties, it **must be mailed**:
- at least **23 days** before the Motion hearing if by **Fax, express mail or overnight delivery**
  - at least **26 days** before the Motion hearing if **mailed within California**
  - at least **31 days** before the Motion hearing if **mailed outside California but in the US**
  - at least **41 days** before the Motion hearing if **mailed outside the US**

**Note: Personal Service or Service by Mail can only be done by someone other than you, who is over 18, and is not a party to the case.**

### HAVE THE SERVER COMPLETE THE “PROOF OF SERVICE” FORMS:

The **person who serves the documents must complete and sign the Proof of Service forms**, listing every document that was served (including the blank forms) to each party in the case:

- ☐ Form FL-330, **Proof of Personal Service** (2 pages) **OR ...**
- ☐ Form FL-335, **Proof of Service by Mail** (2 pages)

### FILING THE PROOF OF SERVICE FORMS:

- ☐ Once the Motion papers have been served on the other parties in the case, **file the completed Proof of Service forms with the Family Law Clerk’s Office** (4th floor of the Court House).

## STEP 5. APPEARING IN COURT

**The Family Law hearings are held in two locations. The Court will provide you this information.**

## How to fill out

# NOTICE OF MOTION (FL-301)

## DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-301	
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <p>TELEPHONE NO.: FAX NO.:</p> <p>ATTORNEY FOR: (Name):</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p> <p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p>	<p>FOR COURT USE ONLY</p>
<p><b>NOTICE OF MOTION</b></p> <p><input type="checkbox"/> Child Custody <input type="checkbox"/> Modification <input type="checkbox"/> Injunctive Order</p> <p><input type="checkbox"/> Child Support <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support <input type="checkbox"/> Other (specify):</p> <p><input type="checkbox"/> Attorney Fees and Costs</p>	<p>CASE NUMBER:</p>
<p>1. TO (name):</p> <p>2. A hearing on this motion for the relief requested in the attached application will be held as follows:</p>	
<p>a. Date: Time: <input type="checkbox"/> Dept.: <input type="checkbox"/> Rm.:</p> <p>b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):</p>	
<p>3. Supporting attachments:</p> <p>a. <input type="checkbox"/> Completed Application for Order and Supporting Declaration (form FL-310) and a <b>blank</b> Responsive Declaration (form FL-320)</p> <p>b. <input type="checkbox"/> Completed Income and Expense Declaration (form FL-150) and a <b>blank</b> Income and Expense Declaration</p> <p>c. <input type="checkbox"/> Completed Financial Statement (Simplified) (form FL-155) and a <b>blank</b> Financial Statement (Simplified)</p> <p>d. <input type="checkbox"/> Completed Property Declaration (form FL-160) and a <b>blank</b> Property Declaration</p> <p>e. <input type="checkbox"/> Points and authorities</p> <p>f. <input type="checkbox"/> Other (specify):</p>	
<p>Date: _____</p> <p>(TYPE OR PRINT NAME) (SIGNATURE)</p>	
<p><b>ORDER</b></p> <p>4. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date):</p> <p>5. Any responsive declaration must be served on or before (date):</p> <p>6. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:</p>	
<p>Date: _____</p> <p>JUDICIAL OFFICER</p>	
<p><b>NOTICE:</b> If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.</p> <p>You do not have to pay any fee to file responsive declarations in response to this Notice of Motion (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.</p>	
<p>Form Adopted for Mandatory Use Judicial Council of California FL-301 (Rev. January 1, 2002)</p> <p style="text-align: center;"><b>NOTICE OF MOTION</b></p> <p style="text-align: right;">Page 1 of 2 Government Code, § 26826 www.courtinfo.ca.gov</p>	

- ① Write your name and address here.
- ② If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ Write the full names (first, middle, last) of the parties. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started the case against you.
- ④ Check all boxes that apply or check “Other” and tell the court what you are requesting. If this is to change a current court order, check MODIFICATION in addition to other boxes you may be checking.
- ⑤ Write the name of the person you are taking to court.
- ⑥ DO NOT FILL IN. Take this form to the Facilitator’s Office or downtown courthouse 4<sup>th</sup> floor for the court date.
- ⑦ Check the box if the hearing is at the address listed in ② above. If the hearing is being held somewhere else, check that box and write in the address.
- ⑧ Check all boxes that apply and attach completed forms.
- ⑨ Type or print your name on the left, and sign your name on the right. Also put in the date you signed the form.
- ⑩ Do not fill in the section under ORDER. The court will fill in, sign and date this part.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. PROOF OF SERVICE BY MAIL.

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

(a) ☐ Notice of Motion and a completed Application for Order and Supporting Declaration (form FL-310) **and** a blank Responsive Declaration (form FL-320)

(b) ☐ Completed Income and Expense Declaration (form FL-150) **and** a blank Income and Expense Declaration

(c) ☐ Completed Financial Statement (Simplified) (form FL-155) **and** a blank Financial Statement (Simplified)

(d) ☐ Completed Property Declaration (form FL-160) **and** a blank Property Declaration

(e) ☐ Points and authorities

(f) Other (specify):

(2) Manner of service:

(a) Date of deposit:

(b) Place of deposit (city and state):

(c) Addressed as follows:

c. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

11

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

FL-301 (Rev. January 1, 2003)
NOTICE OF MOTION
Page 2 of 2

*How to fill out a*

## NOTICE OF MOTION (FL-301)

- page two -

### DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 11
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank

**DO NOT FILL OUT THIS PAGE!**

You will be using the following form instead:

FL-335, Proof of Service by Mail (Family Law)

Or

FL-330, Proof of Personal Service (Family Law)

PETITIONER/PLAINTIFF:

CASE NUMBER:

RESPONDENT/DEFENDANT:

1

## APPLICATION FOR ORDER AND SUPPORTING DECLARATION

(THIS IS NOT AN ORDER)

requester requests the following orders be made:

- 2 ☐ **Petitioner** ☐ **Respondent** ☐ **Claimant** ☐ **To be ordered pending the hearing**
- 3 1. ☐ **CHILD CUSTODY**
- a. ☐ Child (name and age) b. ☐ Request custody to (name) c. ☐ **Modify existing order**  
(1) filed on (date):  
(2) ordering (specify):
- 4 2. ☐ **CHILD VISITATION** ☐ **To be ordered pending the hearing**
- a. ☐ Reasonable  
b. ☐ Other (specify):  
c. ☐ **Modify existing order**  
(1) filed on (date):  
(2) ordering (specify):
- d. ☐ **Child abduction prevention orders** (attach form FL-312)  
e. ☐ **Petitioner** ☐ **Respondent** shall not remove the minor child or children of the parties  
(1) ☐ from the State of California (2) ☐ other (specify):
- 5 3. ☐ **CHILD SUPPORT** (A Wage and Earnings Assignment Order will be issued.)
- a. ☐ Child (name and age) b. ☐ Monthly amount  
(if not by guideline)  
\$ c. ☐ **Modify existing order**  
(1) filed on (date):  
(2) ordering (specify):
- 6 4. ☐ **SPOUSAL SUPPORT** (A Wage and Earnings Assignment Order will be issued.)
- a. ☐ Amount requested (monthly): \$ c. ☐ **Modify existing order**  
b. ☐ **Terminate existing order**  
(1) filed on (date):  
(2) ordering (specify):
- 7 5. ☐ **ATTORNEY FEES AND COSTS** a. ☐ Fees: \$ b. ☐ Costs: \$
- 8 6. ☐ **PROPERTY RESTRAINT** ☐ **To be ordered pending the hearing**
- a. The ☐ **petitioner** ☐ **respondent** ☐ **claimant** are restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.  
☐ and applicant will be notified at least five business days before any proposed extraordinary expenditures and an accounting of such will be made to the court.
- b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor children.
- c. ☐ Neither party shall incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

NOTE: TO OBTAIN DOMESTIC VIOLENCE RESTRAINING ORDERS, YOU MUST USE THE FORMS REQUEST FOR ORDER (DOMESTIC VIOLENCE PREVENTION) (FORM DV-100) AND TEMPORARY RESTRAINING ORDER (DOMESTIC VIOLENCE PREVENTION) (FORM DV-110).

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-310 (Rev. July 1, 2003)

APPLICATION FOR ORDER AND SUPPORTING DECLARATION

Page 1 of 2  
Family Code, §§ 2046, 6224, 6225,  
6202-6203, 6301-6303  
www.courtinfo.ca.gov

## How to fill out

# APPLICATION FOR ORDER AND SUPPORTING DECLARATION (FL-310)

## DIRECTIONS

- ▶ Find the number on the sample form.  
*Example:* 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write or type in the names of the petitioner and respondent. You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started a case against you.
- 2 Check the box that tells who is asking for court orders.
- 3 Check boxes if custody (who the child lives with) of a child/children should be decided. If you want custody to be decided right away, check "to be ordered pending the hearing." Under a., write the name and age of each child. Under b., write the name of the person to have custody. Check box c. if you want to change a current custody order. Write the date the current order was filed (1) and the name of the person given custody at that time (2).
- 4 Check boxes if visiting rights should be decided. If you want visiting rights decided right away, check "to be ordered pending the hearing." Check "reasonable" if you want the court to decide the visiting schedule. If you check "other" write exactly what you want the court to decide. If you are requesting Child Abduction Prevention orders, check 2.c. Check 2.d. if either you or the respondent should not be allowed to take the child/children out of California or other area, such as Fresno County or the United States.
- 5 Check the box if you want child support. List the name and age of each child and the monthly amount of money you want for each child. Check box 3.c. if you want to change a current child support order. Put in the date the current order was filed and give information such as the amount of the current monthly payment.
- 6 Check the box if you are asking for spousal (husband or wife) support. Check box a. and list the monthly amount of money you want. Check box b. if you want the court to end a current order. Put in the date the current order was filed and write information such as amount of current monthly payment. Check box c. if you are asking the court to change a current order. Put in the date the current order was filed and give information.
- 7 If you want the court to order the other party to pay for attorney (lawyer) fees or costs, check one or both boxes, and write in the amount(s) you are asking.
- 8 This section keeps a person from selling, hiding, or giving away property. Property can be land, homes, belongings, money, insurance policies, etc. It also keeps a person from having to pay another person's debts (money owed) after the court order is made. Check all boxes that apply. If you want this to be decided right away, check "to be ordered pending the hearing."



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <b>9</b>	CASE NUMBER:
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**10** 7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**  
 a. ☐ Petitioner ☐ Respondent are given the exclusive temporary use, possession, and control of the following property we own or are buying (*specify*):

b. ☐ Petitioner ☐ Respondent are ordered to make the following payments on liens and encumbrances coming due while the order is in effect:  
Debt Amount of payment Pay to

**11** 8. ☐ I request that time for service of the Order to Show Cause and accompanying papers be shortened so that they may be served no less than (*specify number*):    days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

**12** 9. ☐ OTHER RELIEF (*specify*):

**13** 10. ☐ FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (*specify*):  
☐ contained in the attached declaration.

**14** I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

FL-310 (Rev. July 1, 2003) APPLICATION FOR ORDER AND SUPPORTING DECLARATION Page 2 of 2

# APPLICATION FOR ORDER (FL-310)

- page two -

## DIRECTIONS

- ▶ Find the number on the sample form. *Example:* **11**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

Write or type in the names of the petitioner and respondent.

- 9** Check the box after # 7 if you want the court to decide who will use certain property. If you want this decided right away, check “to be ordered pending the hearing.” For 7.a., check the box that applies to you, either petitioner or respondent. Describe the property in the space provided. For 7.b., check boxes if either the respondent or petitioner should make payments on any money owed during the court order. List in the space provided.
- 11** Check the box after # 8 if you want the court to order the other party served (delivered) with the documents in a shorter than normal time period (21 days by personal service or 26 days by mail). Fill in the number of days where circled. Say why you need the shorter time in (#9) below.
- 12** Check this box if you checked “Other” on the Notice of Motion or if you are asking the court to allow you to serve the documents in a shorter than normal time period (see #8 above). Write what you are asking and why in the space provided.
- 13** Check the box after # 10 and tell the court what you are requesting and why. Use the space to list facts or reasons. List dates and times starting with the most recent. If you need more space check the box next to “contained in the attached declaration” then attach an extra page with your reasons.
- 14** Date this form and print your name on the left. By signing your name on the right you are saying that everything written down is true and correct.

## *How to fill out*

# **ATTACHED DECLARATION (MC-031)**

## **DIRECTIONS**

- ▶ Find the number on the sample form.  
*Example:* ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample of the 'ATTACHED DECLARATION (MC-031)' form. It is a rectangular document with a header section at the top. The header is divided into two parts: the left part for 'PLAINTIFF/PETITIONER' and 'DEPENDANT/RESPONDENT' (with a circled 1 next to it), and the right part for 'CASE NUMBER'. Below the header, there is a large blank area for writing, with a circled 2 in the center. At the bottom of the form, there is a section for a declaration. It includes a line for 'Date:' (with a circled 3 next to it) and a line for the signature (with a circled 4 next to it). To the right of the signature line, there are checkboxes for 'Petitioner/Plaintiff', 'Respondent/Defendant', and 'Attorney'. Below these checkboxes, there is a line for 'OR (SAY):'. At the very bottom, there is a footer with the text 'Form Approved by the Judicial Branch of California MC-031 (Rev. January 1, 1995)' and the 'WEST GROUP' logo.

*This form is always attached to another form or court paper. It is never filed by itself.*

- ❶ Write the names of the Plaintiff/Petitioner and Defendant/Respondent.
- ❷ Use this form with FL-310, Application for Order and Supporting Documentation if you ran out of room writing your facts.
- ❸ Date the form. Type or print your name on the left. Sign your name on the right.
- ❹ Check the box that identifies you as the Petitioner/Plaintiff, or as the Respondent/Defendant.

# How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105)

## DIRECTIONS:

- Find the number on the sample form. *Example:* 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		TELEPHONE NO.: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		FOR COURT USE ONLY	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		STREET ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		MAILING ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
CITY AND ZIP CODE: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		BRANCH NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CASE NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)				CASE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	

1. I am a party to this proceeding to determine custody of a child.

2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.

3. (Number): minor children are subject to this proceeding as follows:  
*(Insert the information requested below. The residence information must be given for the last FIVE years.)*

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present <input type="checkbox"/> Confidential	Person child lived with (name and present address)	Relationship	
to			
to			
to			
to			
to			

b. Child's name: ☐ Residence information is the same as given above for child a. (If NOT the same, provide the information below.)

Period of residence	Place of birth	Date of birth	Sex
to present <input type="checkbox"/> Confidential			
to			
to			
to			
to			

c. ☐ Additional children are listed on Attachment 3c. (Provide requested information for additional children on an attachment.)

Form Approved for Optional Use  
Judicial Council of California  
FL-105/GC-120 (Rev. January 1, 2003)

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Page 1 of 2  
Family Code, § 3400 et seq.  
Probate Code, §§ 16100, 1612  
www.courtinfo.ca.gov

- 1 Write your name, your mailing address, and telephone number (if any).
  - 2 If not filled in for you, put in address. Write "Fresno" after COUNTY OF.
  - 3 Write Petitioner's last name v. Respondent's last name. *Example: Smith v. Smith.* You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started a case against you.
  - 4 Check this box if you do not want to write your current address for reasons of safety. Fill in the number of children from the marriage (minor children – under age 18)
  - 5 For the first child, fill in their first and last name.
  - 6 Fill in city and state the child was born in.
  - 7 The child's date of birth (month, day, year)
  - 8 If the child is a boy, write M for male. If the child is a girl, write F for female.
- For 9) through 12) give information from current (now) to later for the past 5 years:**
- 9 The beginning and ending date the child lived at the address (from when to when).
  - 10 The child's current address is at the top, then the next last place the child lived, etc. *If you do not want to write where the child lives now for safety reasons, check "confidential" and do not list address.*
  - 11 Name of person (an adult) the child lives or lived with at the addresses you list.
  - 12 Relationship means how the child is related to the adult. For example, mother or father.
  - 13 Check the box below the second child's name ("Resident information is the same ...") if the information above is the same for this child. If you check this box you do not have to complete the boxes below.
  - 14 For more children, check the box and fill out Attachment 3c.

SHORT TITLE: <b>16</b>	CASE NUMBER:
------------------------	--------------

**17** 4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

**18** 5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

**19** 6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody or visitation rights with any child subject to this proceeding?  
☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person   <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **20** \_\_\_\_\_ (TYPE OR PRINT NAME)      \_\_\_\_\_ (SIGNATURE OF DECLARANT)

**21** 7. ☐ Number of pages attached after this page:

**NOTICE TO DECLARANT:** You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2003)      **DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**      Page 2 of 2

## DECLARATION (FL-105)

- page two -

### DIRECTIONS:

- ▶ Find the number on the sample form. *Example:* **16**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 16** Write Petitioner's last name v. Respondent's last name. *Example:* Smith v. Smith
- 17** Check yes if you have ever been part of any legal case (in California or anywhere else) for custody of any child in this case.
- If you check yes, fill out a. through d.
  - "Capacity of Declarant" asks if were you part of the case, a witness (called to testify/speak about the case), or in some other way involved.
- 18** Check yes if you know something about any pending (waiting for decision) custody case involving any child in this case.
- If yes, fill out a. through d.
  - "Nature of proceeding" means type of case.
  - In "Status of proceeding" write what is now happening.
- 19** Give information about any person (other than you or your spouse) that the child lives with now, or thinks that they have custody or visiting rights.
- 20** Type or print your name (first, middle, last) on the line to the left, sign your name on the right.
- 21** Write in the number of pages that follow this one if you used any added pages to give more information.

## DECLARATION (FL-105) – Attachment 3c

Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <small>(If NOT the same, provide the information below.)</small>				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

Attachment 3c

DECLARATION UNDER

UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA)

**FLFO**

State Court's Essential Forms™
MD-105C

- 15** Use this page if there are more than 2 children. Fill out the same way you did for the first two children. Ask for more forms if needed.

## How to fill out

# FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

## DIRECTIONS

- ▶ Find the number on the sample form.

Example: ①

- ▶ Go to the same number below to find out how to fill out the form.

- ▶ Type or print in black ink.

- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

Your name and address or attorney's name and address:		TELEPHONE NO.	FOR COURT USE ONLY
<b>1</b>			
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:			
<b>2</b>			
BRANCH NAME: <b>PETITIONER/PLAINTIFF:</b>			
<b>RESPONDENT/DEFENDANT:</b>			
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER	

NOTICE: See reverse for instructions and eligibility.

- 4** 1. a. ☐ My only source of income is TANF, SSI, or GA/GR. (If you check this box, skip to item 8.)  
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship: \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time: \_\_\_\_\_ %  
 b. The children from this relationship are with the other parent this amount of time: \_\_\_\_\_ %  
 c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary): \_\_\_\_\_
- 6** 4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income (before taxes) per month is (specify amount): \$ \_\_\_\_\_
- This income comes from the following:
 

<input type="checkbox"/> Salary (wages): Amount before taxes per month (specify amount):	\$ _____
<input type="checkbox"/> Retirement: Amount before taxes per month (specify amount):	\$ _____
<input type="checkbox"/> Unemployment compensation: Amount per month (specify amount):	\$ _____
<input type="checkbox"/> Worker's compensation: Amount per month (specify amount):	\$ _____
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Other: Amount per month (specify amount):	\$ _____
<input type="checkbox"/> Disability: Amount per month (specify amount):	\$ _____
- I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 

<input type="checkbox"/> Day care or preschool to allow me to work or go to school (specify amount):	\$ _____
<input type="checkbox"/> Health care not paid for by insurance (specify amount):	\$ _____
<input type="checkbox"/> School, education, tuition, or other special needs of the child (specify amount):	\$ _____
<input type="checkbox"/> Travel expenses for visitation (specify amount):	\$ _____
7. ☐ There are (specify number) \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are (specify amount): \$ \_\_\_\_\_
8. I spend the following average monthly amounts (please attach proof):
 

a. <input type="checkbox"/> Job-related expenses that are not paid by my employer (specify on separate sheet for what expenses are paid)	\$ _____
b. <input type="checkbox"/> Required union dues (specify amount):	\$ _____
c. <input type="checkbox"/> Required retirement payments (not Social Security or FICA) (specify amount):	\$ _____
d. <input type="checkbox"/> Health insurance costs (specify amount):	\$ _____
e. <input type="checkbox"/> Child support I am paying for other minor children of mine who are not living with me (specify amount):	\$ _____
f. <input type="checkbox"/> Spousal support I am paying because of a court order for another relationship (specify amount):	\$ _____
g. <input type="checkbox"/> Monthly housing costs: <input type="checkbox"/> rent or <input type="checkbox"/> mortgage (specify amount):	\$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Date work started: \_\_\_\_\_

FINANCIAL STATEMENT (SIMPLIFIED)

Form Approved for Optional Use  
Judicial Council of California  
FL-155 (Rev. January 1, 2003)

Page 1 of 2  
Family Code § 4108(b)  
www.courtinfo.ca.gov

- 1** Before you fill out this form, read the INSTRUCTIONS on page 2. Then, write your name and address here.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- 4** Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- 5** For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- 6** For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- 7** For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- 8** For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- 9** Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- 10** Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- 11** For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job.

PETITIONER/PLAINTIFF:	12	CASE NUMBER:
RESPONDENT/DEFENDANT:		

10. My estimate of the other party's gross monthly income (before taxes) is (specify amount): \_\_\_\_\_ \$

11. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).  
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ 14

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay that party's attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or Wages
  - Disability
  - Unemployment
  - Worker's Compensation
  - Social Security
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your 3 most recent pay stubs.** If you received money from other than wages of salary, include copies of the payment notice received with that money.

Privacy notice: If you wish, you may cross out your Social Security Number if it appears on the wage stub or other payment notice.

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8 1/2" x 11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, or the local child support agency one copy of this form, one copy of each of your three most recent pay stubs, and one copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with one copy of each of your three most recent pay stubs. Take this document and give it to the clerk of the court.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Bring the copy of your latest federal income tax return to the court hearing.**

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. This may result in an order that is not what you want.

## FINANCIAL STATEMENT (FL-155)

- page two -

### DIRECTIONS

- Find the number on the sample form.  
*Example:* 15
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the last name and first name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out.
- 14 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 15 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.





## How to fill out

# INCOME INFORMATION (FL-150a)

## DIRECTIONS

- ▶ Find the number on the sample form. **Example: 1**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <b>1</b> INCOME INFORMATION OF (name):	CASE NUMBER:
--	--------------

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ \_\_\_\_\_

2. All other money received during the last 12 months **except welfare, TANF, SSI, spousal support from this marriage, or any child support.** Specify sources below: 2a. \$ \_\_\_\_\_

Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities. Include income from a business, rental properties, and reimbursement of job-related expenses.

▶ Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property

2b. \$ \_\_\_\_\_

2c. \$ \_\_\_\_\_

2d. \$ \_\_\_\_\_

3. Add lines 1 through 2d. Divide line 3 by 12 and place result on line 4a. 3. \$ \_\_\_\_\_

	Average last 12 months:	Last month:
4. Gross income <b>3</b>	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MED") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions. Do not include any deduction claimed in item 7.	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, <b>actually being paid for a relationship other than that involved in this proceeding:</b>	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (attach explanation)	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Page 4)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14. <b>Total monthly deductions:</b>	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. <b>Net monthly disposable income:</b>	16a. \$ _____	16b. \$ _____

17. TANF, welfare, spousal support from this marriage, and child support from other relationships received each month: 17. \$ \_\_\_\_\_

18. Cash and checking accounts: **4** 18. \$ \_\_\_\_\_

19. Savings, credit union, certificates of deposit, and money market accounts: 19. \$ \_\_\_\_\_

20. Stocks, bonds, and other liquid assets: 20. \$ \_\_\_\_\_

21. All other property, real or personal (specify below): 21. \$ \_\_\_\_\_

▶ Attach a copy of your three most recent pay stubs.

FL-150 (Rev. January 1, 2003) INCOME INFORMATION Page 2 of 4

- 1** Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after "Income Information of."
- 2**
  - On line 1, fill in your total earnings (before taxes are taken out) from the last 12 months.
  - Read question 2 carefully. Fill in amounts of other money received (such as pensions, social security, unemployment, etc.). Describe each source of money under "Specify sources below."
    - ▶ For each business or rental property you own, write on a separate paper (schedule) how much money you receive for that business or rental property, and subtract the cash expenses you have for that property. In the space, write the net (income minus expenses) money you are left with.
  - Add lines 1 through 2.d to get line 3. Divide this amount by 12 then put that amount in line 4a.
- 3**
  - Complete all lines as they apply to you. Otherwise leave blank.
  - For each of the items, write the average (usual) amount for the last 12 months in the first column, and the exact amount for last month.
  - If you list job related expenses (line 13) be sure to attach an explanation.
  - If it applies to you, line 14 is the same amount as line 4d of the Child Support Information Form (page 4).
  - Complete all lines as they apply to you. Otherwise leave blank.
- 4**
  - Fill in the page numbers (Page \_\_\_\_ of \_\_\_\_).
    - ▶ Attach copies of your last 3 paycheck stubs

## How to fill out

# EXPENSE INFORMATION (FL-150b)

## DIRECTIONS

- Find the number on the sample form. **Example: 1**
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name): <b>1</b>		CASE NUMBER:	
---	--	--------------	--

<b>2</b>	a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1. name	2. age	3. relationship	4. gross monthly income
<b>3</b>	b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1.	2.	3.	

<b>4</b> 2. MONTHLY EXPENSES a. Residence payment: (1) <input type="checkbox"/> Rent of <input type="checkbox"/> mortgage ..... \$ ..... (2) If mortgage, include: Average principal ..... \$ ..... Average interest ..... \$ ..... Impound for real property taxes ..... \$ ..... Impound for homeowner's insurance ..... \$ ..... (3) Real property taxes (if not included in item (2)) ..... \$ ..... (4) Homeowner's or renter's insurance (if not included in item (2)) ..... \$ ..... (5) Maintenance ..... \$ ..... b. Unreimbursed medical and dental expenses ..... \$ ..... c. Child care ..... \$ ..... d. Children's education ..... \$ ..... e. Food at home and household supplies ..... \$ ..... f. Food eating out ..... \$ ..... g. Utilities ..... \$ ..... h. Telephone ..... \$ ..... i. Laundry and cleaning ..... \$ ..... j. Clothing ..... \$ ..... k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) ..... \$ ..... l. Education (specify): ..... \$ ..... m. Entertainment ..... \$ ..... n. Transportation and auto expenses (insurance, gas, oil, repair) ..... \$ ..... o. Installment payments (insert total and itemize below in item 3) ..... \$ ..... p. Other (specify): ..... \$ ..... q. TOTAL EXPENSES (a-p) ..... \$ ..... (do not include amounts in a(2))	
--	--

<b>5</b> 3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS <input type="checkbox"/> Continued on Attachment 3.				
CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

<b>6</b> 4. ATTORNEY FEES a. To date I have paid my attorney for fees and costs: \$ ..... The source of this money was: b. I owe to date the following fees and costs over the amount paid: c. My arrangement for attorney fees and costs is: I confirm this information and fee arrangement.	(SIGNATURE OF ATTORNEY)  (TYPE OR PRINT NAME OF ATTORNEY)
--	---

FL-150 (Rev. January 1, 2003) Page 2 of 4

EXPENSE INFORMATION

- 1** Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Write your name after "Expense Information of."
- 2** List all persons living in your home whose expense you pay, including yourself. Fill in their name, age, their relationship to you (brother, parent, roommate), and their gross monthly income (how much they make before taxes). If you need more space, check the box, attach another page, and write Attachment 1a on top.
- 3** If there are persons living in your home who do not pay any of your Monthly Expenses, list them here as before. If you need more space, check the box, attach another page, and write Attachment 1b on top.
- 4**
  - List your Monthly Expenses here. Read each line carefully. If any do not apply to you, leave blank.
  - Mortgage is your house payment when you are buying your own home.
  - Unreimbursed medical/dental expenses are costs not covered by health insurance that you pay on your own.
  - If you pay for monthly child care, list on line c. For children's education (line d), list total monthly expenses such as tuition, lunches and school supplies.
  - For insurance (line k.), only list *life* or *accident* insurance here. List the total amount of installment payments (such as credit cards) on line o. You will list them separately below.
  - Add up lines a-p to get your total expenses, but do not include mortgage information from a (2).
- 5** List all installment payments or other debts (such as credit cards or car payments). If you need more space, check the box, attach another piece of paper, and write Attachment 3 on top. List the creditor's name (example: Mastercard), the kind of payment (car payment, loan repayment, etc.), the monthly payment amount, the balance (how much you still owe), and the date of your last payment to this creditor.
- 6** Do nothing here unless you have paid an attorney (lawyer) for this case.

## How to fill out

# CHILD SUPPORT INFORMATION (FL-150c)

## DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

**Note: only fill out this form if child support is being requested.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name): ①	CASE NUMBER:
--	--------------

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children: ☐ is ☐ is not available through my employer. ②

a. Monthly cost paid by me or on my behalf for the children only is: \$ \_\_\_\_\_

Do not include the amount paid or payable by your employer.

b. Name of carrier: \_\_\_\_\_

c. Address of carrier: \_\_\_\_\_

d. Policy or group policy number: \_\_\_\_\_

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother	%	Father	%

3. ☐ The court is requested to order the following as additional child support: ③

a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills ④

(1) Monthly amount currently paid by mother: \$ \_\_\_\_\_

(2) Monthly amount currently paid by father: \$ \_\_\_\_\_

b. ☐ Uninsured health care costs for the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent):

c. ☐ Educational or other special needs of the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent): ⑤

d. ☐ Travel expense for visitation ⑥

(1) Monthly amount currently paid by mother: \$ \_\_\_\_\_

(2) Monthly amount currently paid by father: \$ \_\_\_\_\_

4. ☐ The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship. ⑦

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (specify and attach any supporting documents):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (specify and attach supporting documents):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children):	\$ _____	_____
d. Total hardship deductions requested (add lines a-c):	\$ _____	_____

FL-150 (Rev. January 1, 2003) CHILD SUPPORT INFORMATION Page 4 of 4 ⑧

- ① Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after “Child Support Information of.”
- ② If your children are covered by health insurance through your work check the first box. If not, check the second box.
  - a. If it applies to you, fill in the monthly cost of your children’s health insurance that is NOT paid by your work (paid by you or someone else).
  - b. Fill in the name of the company of your children’s health insurance plan (e.g., Aetna, Prudential).
  - c. Fill in the address of this company. d. Write the policy number, or group policy number.
- ③ Write the percentage of time the children are with each parent. Example: if you have them weekdays and the other parent has them weekends they are with you about 70% of the time and with the other parent about 30% of the time.
- ④ If more child support is requested, check box 3 and one or both boxes underneath. Fill in amounts now paid by the mother and/or father for child care while they are working or training for work, and for uninsured health care costs. Explain what these costs are for health care, and the estimated amount paid by each parent.
- ⑤ Check this box if there are other educational or special needs of the children. Explain what these costs are, the amount paid by each parent, etc. Example: “My child is disabled and attends special classes twice a week.”
- ⑥ Check this box if either parent has travel costs for visiting the children. Fill in the monthly amounts.
- ⑦ If you have costs that are very hard to pay each month, check box 4 and list them here. Write the amount you pay each month in the first column and the number of months you need to make the payments in the second column.
  - a. Check this box if you have expensive health care costs. Explain in the space provided and attach papers such as medical bills that support your claim. (Examples: diabetes, asthma)
  - b. Check this box, if you had a huge loss not covered by insurance. Explain in the space provided and attach papers that support your claim. (Example: fire destroyed home, belongings)
  - c. Check this box, if you already pay expenses of other children that live with you (from other marriages or relationships). Write the names and ages of the children in the space provided.
- ⑧ Write the total amount of these hardship costs. Fill in the page numbers (Page \_\_\_\_ of \_\_\_\_).

*How to fill out*

# RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION (FL-320)

## DIRECTIONS

► Leave this form blank. The other party fills out this form.

FL-320	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small>  <small>TELEPHONE NO.:                      FAX NO.:</small> <small>ATTORNEY FOR (Name)</small> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small> <small>PETITIONER/PLAINTIFF:</small> <small>RESPONDENT/DEFENDANT:</small>	<small>FOR COURT USE ONLY</small>
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>	
<small>HEARING DATE:</small>	<small>CASE NUMBER:</small>
<small>TIME:                      DEPARTMENT OR ROOM:</small>	

1. ☐ **CHILD CUSTODY**  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested but I consent to the following order:
  
2. ☐ **CHILD VISITATION**  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested but I consent to the following order:
  
3. ☐ **CHILD SUPPORT**  
a. ☐ I consent to the order requested.  
b. ☐ I consent to guideline support.  
c. ☐ I do not consent to the order requested, but I consent to the following order:  
    (1) ☐ Guideline  
    (2) ☐ Other (specify):
  
4. ☐ **SPOUSAL SUPPORT**  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested.  
c. ☐ I consent to the following order:
  
5. ☐ **ATTORNEY FEES AND COSTS**  
a. ☐ I consent to the order requested.  
b. ☐ I do not consent to the order requested.  
c. ☐ I consent to the following order:

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-320 (Rev. January 1, 2003)

**RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE  
OR NOTICE OF MOTION**

Page 1 of 2  
[www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

**DO NOT FILL OUT THIS FORM.**  
This form is filled out by the other party.

## How to fill out

# PROOF OF SERVICE BY MAIL (Family Law) FL-335

## DIRECTIONS:

- ▶ Find a number on the sample form.  
*Example: ①*
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address):</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">1</div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY FOR (Name):</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">2</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</small></div> <div style="font-size: x-small; margin-bottom: 2px;">STREET ADDRESS:</div> <div style="font-size: x-small; margin-bottom: 2px;">MAILING ADDRESS:</div> <div style="font-size: x-small; margin-bottom: 2px;">CITY AND ZIP CODE:</div> <div style="font-size: x-small; margin-bottom: 2px;">BRANCH NAME:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>PETITIONER/PLAINTIFF:</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">3</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>RESPONDENT/DEFENDANT:</small></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>OTHER PARTY:</small></div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">PROOF OF SERVICE BY MAIL</div>	<div style="font-size: x-small; text-align: center; margin-bottom: 10px;">FOR COURT USE ONLY</div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="font-size: x-small; margin-top: 10px;">CASE NUMBER</div>
<p><b>NOTICE:</b> To serve temporary restraining orders you must use personal service (see form FL-330).</p> <p>1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</p> <p>2. My residence or business address is:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">4</div> <p>3. I served a copy of the following documents (<i>specify</i>):</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">5</div> <p>by enclosing them in an envelope AND</p> <p>a. <input type="checkbox"/> depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.</p> <p>b. <input type="checkbox"/> placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</p> <p>4. The envelope was addressed and mailed as follows:</p> <p>a. Name of person served:</p> <p>b. Address:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">6</div> <p>c. Date mailed:</p> <p>d. Place of mailing (<i>city and state</i>):</p> <p>5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">7</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: x-small;">(TYPE OR PRINT NAME)</div><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: x-small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 10px;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div style="text-align: center; font-weight: bold;">PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div>	

**NOTE:** the person serving the papers will use this form if they mailed the papers.

- ① Write your name, address, and telephone number.
- ② If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ④ Write the home or business address of the person who will serve the papers.
- ⑤ Write the names of the papers served. (For example, “Notice of Motion.”)
- ⑥ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.  
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ⑦ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

**INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)**

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

*Complete the top section of the proof of service forms as follows:*

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.  
b. Print the address you put on the envelope containing the documents.  
c. Write in the date that you put the envelope containing the documents in the mail.  
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*

**PROOF OF SERVICE  
BY MAIL  
(Family Law)  
FL-335**

**- page two -**

*There is nothing to fill out on this page, but you should read these instructions.*



## INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

*Complete the top section of the proof of service forms as follows:*

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.  
b. Write in the time of day that you delivered the documents to the party.  
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*

# PROOF OF PERSONAL SERVICE (Family Law) FL-330

- page two -

*There is nothing to fill out on this page, but you should read these instructions.*